Form A-174 (Revised 2/2004)

SECURITIES TRANSACTION REQUEST



State of California
Department of Insurance
300 Capitol Mall, Suite 1400
Sacramento, CA 95814

Request Number							
Assigned by Dept. of Ins.							

California Insurance Code Section
General Deposit (940/955) State Workers Compensation (11691) Other (Specify)

Check One: Initial Deposit Additional De	posit Witho	drawal Su	ubstitution/ kchange			Check One:	Book Entr	y Physical Securit	ту
COMPANY INFORMATION If New Compa	any, check here	BANK INFORMATION (Interest & Cash) If New, (DELIVERY AGENT INFORMATION FOR DEPOSITS			
Company Name	В	Bank Name				Agent Name			
Mailing Address	В	Bank ABA #				Mailing Address			
	A	ccount #							
Contact Name	M	failing Address				Contact Name			
Telephone & Fax #						Telephone & Fax #			
E-mail Address						Agent ABA #			
Tax I.D. #	С	Contact Name				Account #			
NAIC/CDI #	T	elephone & Fax #				DTC/Broker Code			
		25							
2	I		CURITIES 1	O BE DEPOSIT	ED	1		I I	
Description of Securities If depositing stock, identify whether common or preferred.	Cusip / Serial / Certifica Number	ate Rate	Issue Date	Maturity Date	Par/Face Value	Market \ As of:	/alue	Deposit Value (Lower of Par or Market)	Rating (Include Source)
				·			<u> </u>	,	,
LIST SECURITIES TO BE WITHDRAWN ON REVERSE			DEPOSIT	GRAND TOTALS	-		-	-	

Form A-174 (Revised 2/2004)			Reque	est Number					
Company Name			Assigned	by Dept. of Ins.					
		SECUR	ITIES TO BE	WITHDRAWN					
If withdra	Description of Securities awing stock, identify whether common or preferred.	Cusip / Serial / Certificate Number	Rate	Maturity Date	Par/Face Value	Market Value As of:	Deposit Value (Lower of Par or Market)		
	GENT INFORMATION FOR WITHDRAWALS								
Agent Name									
Mailing Address									
Contact Name									
Telephone & Fax #									
Agent ABA #									
Account #									
DTC/Broker Code									
		GRAND TOTALS	-	-	-				
			AUTHORIZA	ATION					
	COMPANY		DEPARTMENT OF INSURANCE						
	MUST ALWAYS BE COMPLETED BY AUT	THORIZED COMPANY O	FFICER						
The statements contained herein are true and correct at(city), State of on the day of, 20					REQUEST APPROVED				
NO CORPORATE SECURITIES NOW BEING DEPOSITED HAVE BEEN ISSUED BY ANY OF OUR				ED COMPANIES		FOR THE COMMISSIONER			
BY	Company Officer	ame and Title		Deputy	Commissioner				